

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	SUBSTITUTED POLYCYCLIC ARYL AND HETEROARYL PYRIMIDINONES USEFUL FOR SELECTIVE INHIBITION OF THE COAGULATION CASCADE
Attorney Docket Number::	PHA 4159.33
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	0
Small Entity?::	No
Petition Included?::	No
Licensed US Govt. Agency::	No
Secrecy Order in Parent?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Middle Name::	S.
Family Name::	South
City of Residence::	St. Louis
State or Province of Residence::	MO
Country of Residence::	US
Street of Mailing Address::	11671 Chieftain Drive
City of Mailing Address::	St. Louis
State or Province of Mailing Address::	MO
Postal Code of Mailing Address::	63146

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ashton
Middle Name:: T.
Family Name:: Hamme
Name Suffix:: II
City of Residence:: Ridgeland
State or Province of Residence:: MS
Country of Residence:: US
Street of Mailing Address:: 233 Bellewether Pass
City of Mailing Address:: Ridgeland
State or Province of Mailing
Address:: MS
Postal Code of Mailing Address:: 39157

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: William
Middle Name:: L.
Family Name:: Neumann
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 212 West Monroe
City of Mailing Address:: St. Louis
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63122

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Darin

Middle Name:: E.
Family Name:: Jones
City of Residence:: Ballwin
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 408 Johanna Place
City of Mailing Address:: Ballwin
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63021

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Melvin
Middle Name:: L.
Family Name:: Rueppel
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 1904 Grassy Ridge Road
City of Mailing Address:: St. Louis
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63122

Correspondence Information

Correspondence Customer Number:: 000321

Representative Information

Representative Customer Number:: 000321

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/716,951	11/20/00
09/716,951	Continuation- in-Part of	09/574,739	05/18/00
09/574,739	Non- Provisional of	60/134,794	05/19/99

Assignee Information

Assignee Name::

Pharmacia Corporation